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# NINTH

# ANNUAL REPORT

OF THE

# MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1907.





# GUERNSEY:

BICHARD'S PRINTING AND PUBLISHING COMPANY, LTD., BORDAGE STREET.

1908.



OF THE

# MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1907.



# RAPPORT DE L'OFFICIER DE LA SANTE PUBLIQUE.

# Letter from the President of the Board.

States Office, Guernsey, May 26th, 1908.

Sir,

I have the honour to present the Ninth Annual Report of the Medical Officer of Health for the year 1907.

This report was approved by the Board of Health at its meeting held on the 22nd inst., when it was resolved that, with your permission, it should be printed as an Appendix to the "Billet d'État," and that a certain number of copies (say 100) be struck off for distribution in the usual way.

I am, &c., &c.,

JOHN N. BROUARD, President of the Board of Health.

John de Garis, Esq., Judge Delegate.



#### SUNSHINE.

Sunshine in Guernsey for year, 1,860 hours. Average amount of sunshine for past 14 years, 1,916.2 hours.

# POPULATION.

The increase of births over deaths for the year was 462, and the population at the middle of 1907 may be estimated at 43,150.

Emigration seems to have been greatly checked compared with 1906, when the destination of most persons leaving the island was Canada.

Many of these emigrants have returned to Guernsey, which is not surprising, as in a country where employment must be limited in many occupations during the long and rigorous winter, it is difficult for men without capital to fall back upon, or skilled artisans to maintain themselves during this time, even if they have not families to support.

For statistical purposes it is better to under, rather than to over estimate the population of any area, and I think that in the case of Guernsey this has been done. The census returns of 1901 state that in Guernsey and the adjacent islands 1,898 persons of foreign birth were then resident, of whom 1,792 were of French nationality. Since then the coming of numbers of French religious orders has greatly added to the alien population, and if the proportion of Alderney and Sark be deducted, an estimate of 2,000 French people resident in Guernsey would be a fairly correct one.

The law of registration applies only to labourers, workmen, and servants, but this law must be more honoured in the breach than in the observance, as during the years 1906-7, only 126 such persons were registered.

It is evident that a large percentage of the French population are lawabiding and of a desirable class, but unfortunately the remainder are the very opposite.

William.

5

The Police Court has to deal not only with the resident population, but with the floating population of two ports, and although no statistics of convictions are obtainable from the Greffe Office, anyone reading the newspapers cannot fail to notice how large is the proportion of French people convicted compared with the number resident in Guernsey.

The criminal and the diseased can land here freely and without hindrance, and although for a period of twelve months they can be repatriated at the expense of the vessel which brought them, but only if they are unable to maintain themselves, after which time they must be sent back at the public expense.

Whilst here they can compete in the labour market without the liability to Militia Service which attaches to the native of the soil, who is thus unfairly handicapped in his efforts to earn his living. I have nothing to add to my statements in the report of 1905, with the exception that I hear upon the best authority a particularly despicable class of crime, which in England and British Colonies is punished with long terms of imprisonment, is very prevalent locally, namely, that of men who do no work, but live upon the earnings of women of the unfortunate class.

For serious crimes imprisonment might well be followed by banishment from the island for life, photography and the finger-print system being used for purposes of future identification.

The way to diminish this influx of undesirables would be to inspect the passengers of vessels arriving from the Continent, before they were allowed to land, to reject the diseased or those known to have previously been banished and to compel immediate registration of the remainder.

Having dealt with the undesirables we may now consider how best to attract desirable residents and visitors to our shores.

The majority of seaside places and health resorts in England advertise their attractions extensively, and it follows that they find such a course beneficial to the interests of their inhabitants or they would not continue to do so. From its position Guernsey is protected from the visits of the cheap tripper, but with its climatic advantages, beautiful and varied scenery, a well organised scheme of advertising would attract a far larger number of well-to-do people than now visit it, and every effort should be made to encourage them as visitors or permanent residents.

Not only would tradesmen and the working classes profit by their presence, but the owners of house property and land as well as the general public would benefit by the rates being more evenly distributed and by increased support being given to local institutions, such as the Colleges.

Table I. (Incorp. Soc. of M. O. H., 1900), for Whole District.

	Population estimated	BIR	THS.		S UNDER R OF AGE.		S AT ALL ES.
YEAR.	to middle of each year.	Number.	Rate per 1,000.	Number.	Rate per 1,000 registered.	Number.	Rate per 1,000.
Column	1	2	3	4	5	6	7
1897	38,415 39,072 39,703 40,300 40,550 41,050 41,710	1,157 1,161 1,121 1,011 1,096 1,128 1,120 1,144 1,129 1,112	30·60 30·22 28·69 25·46 27·20 27·80 27·28 27·42 27·1 26·0	193 194 151 145 190 161 112 181 155 154	166·8 167·0 134·7 143·4 171·3 142·7 100·0 158·2 135·0 138·4	708 705 666 624 699 657 597 690 644 588	18·73 18·35 17·04 15·72 17·34 16·20 14·54 16·54 15·2 13·7
1897-1906.			24.75	123	115.1	606	13:83
1907	43,150	1,068	24.19	123	119.1	000	19.99

## BIRTHS.

The number of births registered during 1907 was 1,068, of which number 543 were males and 525 females, a rate of 24.75 per 1,000. The average for the preceding ten years was 27.7, and this is the lowest figure on record, a statement which will be probably repeated in every succeeding annual report.

Unfortunately the birth rate is lowest amongst the classes most able to successfully rear children, and highest among the poorer classes who are unable to give their children the same advantages as the more well-to-do of the population.

In the future therefore more and more attention will have to be given towards ensuring that children be safeguarded from sickness and injurious influences as far as possible, and that a knowledge of the natural laws of health should take the place of ignorance and prejudice. The illegitimate birth rate is 2.5, and the number recorded at the Greffe Office 27.

My attention has been called by a local medical man to the previous figures of illegitimacy given, which he produced evidence to shew were considerably

below the actual amount and that illegitimate births were registered as legitimate ones.

The Board of Health having considered the matter called the attention of the Crown Officers and the Greffier to this statement which seemed a wellauthenticated one.

In England an important alteration in the law relating to the notification of births was introduced in 1907, the time allowed for notification being altered from 42 days to 36 hours after the birth of a child, it being allowable to send a prepaid letter or postcard during this period if more convenient than the personal attendance of the person certifying.

As the M.O.H. is the person to be notified he will be able, by means of health visitors (where they exist) or other agencies to take steps when necessary to see that information of service to the mother in the rearing of her child be supplied her.

Hitherto a small portion of the births have escaped registration, the mother being able (if desirous of doing so) to leave the neighbourhood before the time allowed by the law for the registration of a birth has elapsed; the new law will however go far to prevent such occurrences in the future.

Such a law would be equally valuable in Guernsey where the time allowed for registration is 30 days and I trust that it will be soon adopted here.

Since the 1st April, the registration of Still Births has been made compulsory in Guernsey and a medical certificate of this fact must be forthcoming or an inquest held in every instance.

There were certain obvious difficulties to be encountered, but the law has worked well and is a most beneficial one.

There is no statute to this effect in England, or so far as I am aware in any other country, so Guernsey has in introducing such a measure shewn a good example for other communities to follow.

#### DEATHS.

The deaths numbered 606 and the corrected death rate is 13.83, the average for the preceding ten years being 16.33. The rate for the Town of St. Peter-Port is 14.1, and for the rest of the island 13.8.

The earlier months of the year were particularly fatal, Influenza and its complications caused many deaths; indeed in the month of January the deaths outnumbered the births by 11, a circumstance so unusual that nothing but the raging of a serious epidemic could account for it. The type of influenza

prevalent was one which mainly affected the heart, and as a result 80 cases of death from Heart Disease were recorded as against an average number of five previous years of 52.6. Of the 606 deaths 207 were those of persons of 66 years and upwards, a high percentage compared with the past five years' average of 188.

The deaths occurring in the public institutions were:—

Town Hospital	•••	 		43
Town Asylum		 •••	•••	1
Country Hospital	•••	 	•••	18
Country Asylum		 		4
Victoria Cottage Hos	pital	 		9
King Edward Sanato	rium	 • • •		6

The number of deaths of children under one year of age was 123, a rate of 115 per 1,000 births registered against 145.7 the preceding ten years' average.

The rates for the different districts are as follows:—St. Peter-Port, 112; St. Sampson's, 162; Vale, 95; Country Parishes, 100. As usual St. Sampson's has the highest death rate. The number of deaths from Zymotic Diarrhœa was 13.

The cordial co-operation of Ministers of religion in response to a circular letter from the Board enabled a larger number of pamphlets relating to feeding of infants to be circulated amongst the poorer classes; these pamphlets being now printed in both English and French their sphere of usefulness ought to be greatly increased.

The great achievement of the year was the passing of the law dealing with the registration of deaths which came into force at the beginning of April. Under this law the Greffe Office became the only place of registration for the whole island, and no death can be registered unless a medical certificate of the cause of death be produced.

The old system with all its possibilities of grave abuses was thus ended by the passing of this new law.

# Table A.

RETURN OF BIRTHS AND DEATHS REGISTERED DURING THE YEAR ENDING DECEMBER 31st, 1907.

## BIRTHS.

PARISH LETTER: A										Tl.
Males184	84	79	41	16	29	11	18	51	30	543
Females208	76	67	36	14	31	9	14	46	24	525
Total392	160	146	77	30	60	20	32	97	54	. 1,068

		REPURI.						J
PARISH LETTER: A	В	C D DEATHS.	E $F$	G	H	I	K	Tl.
GENERAL DISEASES AND INJURIES	<b>5.</b>							
Diseases of the Blood.								
Anæmia       —         Diabetes       1         Exfoliative       Dermatitis       1         Myxædema       1       1         Rachitis       1       1         Rheumatoid       Anthritis       1         Rheumatism       3       3	. – – . – . –	  	   	. – . – – –	   	   	1   	2 2 1 1 1 1 5
Epidemic.								
Diphtheria       2         Enteric Fever       -         Enteritis       10         Influenza       4         Mumps       -         Scarlet Fever       -         Whooping Cough       2	. – . 2 . 5 . –	 1 2 3  1 2	1	– – – –	   	 1 	1 2  1	10 1 17 14 1 4 2
Ill-defined.								
Bed Sores       1         Brain Disease       -         Diarrhæa       1         Dropsy       1         Natural Causes       -	. 1 . – . –	 	. – – . . – – . . – – .	– – –	 	  	  	1 1 1 1 1
Infancy and Old Age.								
Asthenia       —         Convulsions       11         Debility at Birth       2         Improper Food       1         Marasmus       10         Malformation       —         Premature Birth       8         Senile Decay       21         Carried forward       82	. 2 . 6 . 6 . 3 . 7	5 1 1 1  4 3  3 6 8	1 3 1  2 3 4		1 1  1  4	3  3  9	   1  3	7 24 15 1 28 1 16 66
Omition for ward 62	. 90	20 24	<i>J</i> 11	. 4	0	11	в в	440

PARISH LETTER: Brought forward Infective.				•••			D 24 .			1			G 2		<i>H</i> 8		1 17		<i>K</i> 9		Tl. 225
Phthisis  Tubercular Undefined  Other Tubercular	-	•••	1		-		1		_		-		-	•••	-		-		_	•••	47 2 11
Intemperance.																					
Alcoholism  Cirrhosis  Parturition.																			-	•••	1 2
Eclampsia	1	•••	-	•••	-	•••	-	•••	-	•••	_	•••	-	•••	-	•••	-		-	•••	1 1 1
Septic.																					
Septicæmia Ulcerative Endocarditis Erysipelas	1	•••	_	•••	-		_	•••	-		-	•••	-	•••	-		-	•••			4 1 1
Tumour.																					
Malignant	29		5		4	1	.1	•••	4		1	•••	_	•••	2	•••	1		1	•••	<b>5</b> 8
Violence.																					
Accident  Drowning  Fall  Hanging  Suicide	5 - 1	•••	2 1 -		1 - -		2 -	•••	_ _ _	•••	- - -	•••	_ _ _	•••	- - -	•••	- 1 -		- - -	•••	3 10 2 1 4
DISEASES OF SPECIAL ORGAN	NS.																				
Alimentary.																					
1ntestines Appendicitis Liver Stomach	- 4	•••	- 1		- -	•••	- 2	• • • •	<u>-</u>	•••	1 -	•••	- 1		- -	•••	- -	•••	- -	•••	9 1 8 4
Carried forward	170	•••	<b>5</b> 9	•••	42		51		9	]	14		5	•••	10	• • •	24	•••	13	• • •	397

REPORT.	11
PARISH LETTER: $A$ $B$ $C$ $D$ $E$ $F$ $G$ $H$ $I$ $K$	Tl.
Brought forward170 59 4251 914 510 2413	397
Circulatory.	
Apoplexy 10 2 3 6 1 2 2 2	
Aneurysm 1 1	
Angina Pectoris 1	
Atheroma 2 1	3
Heart Disease	80
Thrombosis 1	1
Nervous.	
Brain Abscess	1
Disseminated Sclerosis 2	
Epilepsy 1 1 1 1 1	5
Hemiplegia 1	
Landry's Paralysis 1	
Meningitis 2 1 1 1 1 1	7
Neuritis 1	
Paralysis 9 2 3	14
Spinal Disease 1	1
Spina Bifida	1
Respiratory.	
Asthma 1 1	2
Bronchitis 9 8 2 5 1 .	
Broncho-Pneumonia 7 1 .	
Laryngitis 1	
Laryngismus Stridulus 1 – – – – – – – – –	
Pneumonia 6 1 2 1 1 3	
Pleuro-Pneumonia 1	
Urinary.	
Nephritis 4 2 1	7
Cystitis	1
Oysutus	1
Totals	606

Table (INCORP. SOC.

Names of Parishes.	ST.	PETE	R-POI	RT.	ST.	SAME	PSON'	S.	Т	HE V	ALE.			CAST	EL.		ST.	SAVI	OUR's	š.
YEAR.	Population estimated to middle of each year.	Births_registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.
Column	A	В	С	D	A	В	C	D	A	В	C	D	A	В	C	D	A	В	$\overline{\mathbf{C}}$	D
1904 1905	17770 17914 18044 18162 18240 18464 18760 18996	481 467 469 436 440 459 421 461 427	353 335 298 302 303 302 264 321 302 268	81 78 47 65 66 60 38 77 59 54	5042 5177 5317 5452 5573 5622 5681 5773 5844 5915	179 185 177 178 166 175 200 165 180 174	79 78 90 62 95 83 85 87 77 64	38 36 30 19 31 25 26 37 17 29	4496 4626 4768 4921 5082 5133 5196 5280 5344 5408	172 161 166 170 167 168 173 164 173 145	80 78 72 82 101 77 72 71 72 69	29 25 28 25 45 28 25 26 21 21	2627 2670 2717 2761 2802 2812 2846 2890 2914 2938	69 87 71 79 69 65 87 104 90 93	47 75 62 64 64 60 55 46 62 64	11 14 11 11 11 10 6 9 16 12	988 1007 1027 1045 1062 1067 1080 1097 1109 1121	33 24 24 30 27 27 26 29 29 32	15 15 19 17 14 16 15 30 12 18	2 4 6 4 3 2 1 4 1 7
1907	19364	392	275	44	5995	160	75	26	5481	146	68	14	2960	77	74	12	1133	30	15	1

**II.** OF M. O. H., 1900.)

Names of Parishes.	ST. Pl	ETER. WOO		HE-	T	ORTE	VAL.			FORE	ST.		ST.	MAR	rin's		ST.	AND	REW'	S.
YEAR.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths registered.	Deaths under 1 year.
Column	A	В	C	D	A	В	C	D	A	В	C	D	A	В	C	D	A	В	C	D
1897	1577 1587 1619 1646 1672	57 57 50 57 57 53 56 52 56 60	27 29 32 25 23 31 16 35 29 25	6 16 10 9 8 11 4 8 4 9	446 446 446 446 447 453 461 467 473	15 13 6 19 6 14 8 10 22 6	9 5 9 8 6 12 12 6 10 9	1 0 1 2 2 4 1 0 0 2 — 1	751 775 800 822 842 851 862 877 889 901	25 29 22 23 27 30 22 27 19 26	14 12 19 19 20 13 13 20 15 15	8 3 6 4 7 4 3 5 0 6	2935 3002 3073 3140 3201 3226 3265 3317 3351 3385	106 101 89 100 88 93 90 91 86 107	56 48 45 39 46 43 38 51 43 45	16 13 6 6 10 14 4 10 10 13	1430 1461 1494 1524 1552 1564 1584 1609 1634 1659	40 37 47 38 49 44 37 41 40 42	12 30 20 17 27 20 27 23 22 11	1 5 6 2 6 3 4 5 7 1
10 years to 1906.	1979		21	8	455	11	8	1	851	25	16	4	2199	95	45	10	1991	41	20	4
1907	1741	60	16	8	481	20	6	1	917	32	17	5	3445	97	39	8	1689	54	21	4

Table III.

CAUSE OF, AND AGES AT, DEATH OF THE DEATHS REGISTERED DURING THE YEAR 1907.

	4.13	77	,	WH	HOI	E IS	SLA	ND.		
CAUSE OF DEATH.	All Ages		nder 1.	1-5.		6-15.	. 1	6-25.	26-65.	66 and upw'ds.
GENERAL DISEASES AND INJURIE	ES.									
Diseases of the Blood.										
Anæmia	2		<b>—</b>			_		1 .	1	—
Diabetes	2		—	_		1		— .	—	1
Exfoliative Dermatitis	1		<b>—</b>	_		_		<b></b> .	1 .	—
Myxœdema	1	•••	<b>—</b>	_		_			—	1
Rachitis	1		<b>—</b>	1		_		— .	—	—
Rheumatoid Anthritis	1		—	_		_		— .	1	—
Rheumatism	5	•••	<b>—</b>	1	•••	2	•••	— .	1	1
Epidemic.										
Diphtheria	10	• • •	—	4		6	•••	— .	—	—
Enteric Fever										
Enteritis	17	•••	13	3		_		— .	1	—
Influenza	14		1	1		1		1.	5	5
Mumps	1		<b>—</b>	1		_		— .	— .	—
Scarlet Fever	4		<b>—</b>	3		1		— .	— .	—
Whooping Cough	2		1	1	• • •	_		<b>—</b> .	—	—
Ill-defined.										
Bed Stores	1		<del></del>	_	•••	_		— .	—	1
Brain Disease	1		<del>-</del>	_	•••	_		— .	— .	1
Diarrhœa	1		<b>—</b>	_	•••	_	• • •	— .	— .	1
Dropsy	1		—	_	••,	_		— .	— .	1
Natural Causes	1		<b>—</b>	_	•••	—	•••	<b>—</b> .	— .	1
Infancy and Old Age.										
Asthenia	7		7	_		_		— .		—
Convulsions	24	•••	17	7		_	• • •	— .	— .	—
Debility at Birth	15	•••	15		•••	_		— .	— .	—
Improper Food	1	•••	1	_	•••	_	•••	<b>—</b> .	— .	—
Carried forward1	14	!	55	22		11		2 .	11 .	13

OATION OF DRAMIT	A 33	,	Unde		w	нон	LE IS	SLA	ND.				00 3
	All Ages		1.		1-5.							. τ	66 and apw'ds
Brought forward													
Malformation													
Marasmus										•••		•••	—.
Premature Birth Senile Decay										•••		•••	— er
Infective.	. 00	•••	_	•••	_	•••		•••	_	•••	1	•••	00
	4 17						ຄ		0		อะ		9
Phthisis Tubercular Undefined								•••					
Other Tubercular									1				
Intemperance.		•••	-	•••	9	•••	9	•••		•••		•••	
Alcoholism	1										7		
Cirrhosis													
	_	•••		•••		•••		•••		•••	_	•••	
Parturition.											_		
Eclampsia							_						
Hæmorrhage													_
Ill-defined	. L	•••	_	•••	_	•••	_	•••		•••	1	•••	_
Septic.							•						
Erysipelas													
Septicæmia Ulcerative Endocarditis													
_	. 1	•••	_	•••		•••		•••	1	•••	_	•••	_
Tumour.													
Malignant	58	••	_	•••	_	•••	_	•••	—	•••	35	•••	23
Violence.													
Accident	. 3		_		_		_		1		2		
Drowning	10		_		_	• • •	1		1		6		2
Fall	2	• • •	—	• • •	_	••	_	•••	—		2		
Hanging											1		
Suicide	. 4	•••	_	••	—	•••	_	•••	_	•••	4	• • •	_
DISEASES OF SPECIAL ORGANS.													
Alimentary.													
Appendicitis													
Intestines	9		3		1		_		_		1		4
Carried forward	.385	•••	106	•••	26		20		15	]	109	•••	109

CAUSE OF DEATH.	All	,	Inde	_	WŁ	ю	E IS	LA	ND.			66 a	. n. d
	Ages		1.		1-5.		6-15.			. 26		upw	'ds.
Brought forward				• • •							09	.109	)
Liver		• • •		••					1	•••	6	. 1	l
Stomach	4	• • •	2	•••	_	•••	—	•••		• • •	1	. 1	L
Circulatory.													
Apoplexy										]	11	. 17	7
Aneurysm				•••	_	•••	—	•••	—	• • •	2	. —	-
Angina Pectoris		•••					_	•••	—	•••	1	. —	-
Atheroma					—	•••		•••				. 3	3
Heart Disease		•••	1	•••	_	•••	2	•••	2	2	28	47	7
Thrombosis	1	•••	_	•••	—	• • •		•••		•••	1	_	-
Nervous.													
Brain Abscess	. 1		_		_		_		1		<b>—</b>	. —	-
Disseminated Sclerosis	. 2			• • •	_	•••	_		—		2	. —	_
Epilepsy	5			•••	_		_	•••	1		3	. 1	L
Hemiplegia	1	• • •			_	•••	_		_		1	. —	-
Landry's Paralysis	1		_		_		_	• • •			1	_	-
Meningitis	7		_		2	• • •	2	• • •	1		2	. —	-
Neuritis	1		—		_		—		—		1	. —	-
Paralysis	. 14		_						1		6	. 7	7
Spinal Disease	. 1	• • •	_	• • •	_	•••	_		_		<del>-</del>	. 1	L
Spina Bifida	1	• • •	1	• • •	_		_	•••	_		— . <b>.</b>	. —	-
Respiratory.													
Asthma	2						_	•••	_		<b>–</b>	. 2	2
Bronchitis	25	• · •	8		5		_				4	. 8	3
Broncho-Pneumonia	8		4		3		_				<b>–</b>	. 1	L
Laryngitis	1	• • •	_		1	•••	_	•••	—		<b>–</b>	. —	-
Laryngismus Stridulus	1		1			•••	_		_		<del>-</del>		-
Pleuro-Pneumonia	. 1		_	• • •			—		—		<b>–</b>	. 1	L
Pneumonia	14		_		4		1	• • •	1	•••	<b>5</b> .	. 3	}
Urinary.													
Nephritis	7				_				1		2	. 4	ļ
Cystitis			_			• • •	—	٠.	_			. 1	
Totals	606	]	123	•••	41	•••	25	•••	24	18	36	.207	

Senile Decay.—Under 66, 1; between 66-80, 24; 81-90, 35; 91-100, 6.

## MARRIAGES.

The marriage rate for the year was 13.8 per 1,000 persons living. The number of marriages was 298, of which 186 were celebrated in Church of England Churches, 26 in Roman Catholic and 86 in Nonconformist Churches and the Greffe Office.

The marriage rate varies greatly. In 1905 only 249 marriages took place, whilst in the preceding year 326 were registered.

## THE KING EDWARD SANATORIUM.

At the end of 1906 there were 63 patients in the Sanatorium and Mont Crevelt Hospital, and 272 were admitted during the year.

Towards the end of February the numbers dropped and on that account Mont Crevelt was then closed. Of the 304 cases notified in 1907, 32 were treated at home. Of this number 9 died, or  $28^{\circ}/_{\circ}$ ; of the 272 treated at the Sanatorium, only 6 died, or  $2^{\circ}/_{\circ}$ .

As there is but little opposition to the removal of bad cases to the Sanatorium these figures are very satisfactory.

The year 1907 was the busiest yet experienced in the operations of the Board of Health and the number of severe cases of Scarlet Fever, and an outbreak of Influenza in the early months prolonging the period of treatment, made the daily average of patients and staff, 50, a very high one.

In times of pressure in the past it has been customary to engage nurses from Nursing Institutions, who, although expensive, work well, but in order to minimise expense a number of nurses were engaged directly by the Board for periods of two or three months.

Although carefully chosen from a large number of applicants, with few exceptions they were inferior in every respect to the regular nurses of the Board, whose loyal services and untiring devotion to their work during the past two busy years deserve the greatest praise.

I have no hesitation in saying that the occurrence of so large a number of cases of Infectious Disease is in great measure due to wilful concealment of such sickness on the part of patients or their relatives.

In several of the most flagrant cases the Board endeavoured to prosecute the offenders, but the wording of the law is such that the Crown Officers could not see their way to institute proceedings against them; they therefore escaped any penalty, and the fact that the law was powerless in such instances appeared to be widely known.

During the five years the Sanatorium has been opened it has on several occasions been full and for months together greatly overcrowded, and unless some means be found of bringing persons who wilfully conceal cases of infectious disease to book, an enlargement of its accommodation and consequently a large increase in expenditure will in the future become necessary.

The receipts from paying patients and the sale of Anti-toxin and Vaccine were respectively:—£65 15s. 7d. and £8 12s. 9d.

Table IV.
CASES TREATED AT THE SANATORIUM AND AT HOME.

	St. Peter-Port.	St. Sampson's.	Vale.	Castel.	St. Saviour's.	St. Peter-in-the-Wood.	Torteval.	Forest.	St. Martin's.	St. Andrew's.	Total.		
<b>Д</b> ІРНТНЕКІА.													
At the Sanatorium	12 2	16 1	29 3	0	3 0	1 0	0	0	19 1	5 0	85 9		
Total	14	17	32	1	3	1	0	1	20	5	94		
Died at the Sanatorium Died at Home	$\begin{bmatrix} 0 \\ 2 \end{bmatrix}$	0	$egin{array}{c} 3 \\ 2 \end{array}$	0	0	0	0	0	0	1 0	4 6		
SCARLET FEVER.											t		
At the Sanatorium At Home	67 4	55 4	27 4	2 0	0	12 3	0	1 0	3	13 3	180 19		
Total	71	55	27	2	1	15	0	1	3	16	199		
Died at the Sanatorium Died at Home	2 0	0	0	0	0	0	0	0	0	0	2		
ENTERIC FEVER.													
At the Sanatorium At Home	4 3	0	1 0	1 0	0	0	0	0	0	0 1	6 4		
Total	7	0	1	1	0	0	Ò	0	0	1	10		
Died at Home	1	0	0	0	0	0	0	0	0	1	2		
Doubtful													

Table V.
CLASSIFIED ACCORDING TO AGES.

# DIPHTHERIA.

0 <del>-1</del>		1—5 20		5—10 42		10 <b>—</b> 15 13	•••	15—20 8	•••	20—25 6		25—60 5		Total. 94
					S	CARLE	T F	EVER	,					
3		66		79		27	•••	8		4	•••	12		199
ENTERIC FEVER.														
0		0		0	•••	0		1		2	•••	7		10
DOUBTFUL.														
0	•••	0	•••	0		0		0		1		0		1
														304

## DIPHTHERIA.

Ninety-four cases were notified during the year, the parishes shewing the largest number of cases being the Vale, 32; St. Martin's, 20; and St. Sampson's, 17. That Diphtheria is a disease chiefly affecting country districts is shewn by the figures for the past six years: of 599 cases, 391 were in the Country and 208 in the Town parish, but at least 20 of these were due to infection from the country. Against the overcrowding and greater poverty in towns must be reckoned the benefits of drainage, both as regards houses and the soil, and the collection of household refuse. In the country, houses and the surrounding soil are more often damp, the lack of drainage with the almost inevitable heaps of sewage and filth which render foul the ground surrounding the houses, and the water supply often polluted from the same source account for the increased frequency of the disease.

The Vale epidemic started in the early part of May, a child on l'Ancresse Common having died from Diphtheria with was thought to be Mumps, so no doctor was called in. Three other children of the same family fell ill the next day. The weather was cold and wet, so a large number of children were absent from school for various causes, and although I advised the closing of the school, this course was not, I regret to say, adopted.

The epidemic gradually died down, but started again in the autumn.

In December a similar train of circumstances started an outbreak in St. Sampson's, an unrecognised fatal case giving rise to six cases in four days.

It is no wonder that this disease is spread in the country districts here, as the inhabitants so often declare that they are not afraid of "The Dipthery."

In the interval between the diagnoses of the disease by the medical man and the removal of the patient to the Sanatorium, it is quite usual for the whole neighbourhood to be called in so that they may assure themselves that there is nothing the matter with the patient. Not only adults, but children also are allowed to enjoy this dangerous, but apparently exhilarating experience, and when the latter become tired they have been put to bed with the sick child for a rest. Had I not been able to trace relationship unknown to me in so many cases seemingly unconnected with each other where this was admitted, I should not have realised how very prevalent is the practice which I mention.

Table VI.
DIPHTHERIA CASES FOR 1907.

Parishes. St. Peter-Port	Jan 2	Feb 1	Mar –	$\dots \stackrel{ ext{April}}{ ext{l}}$	Мау 3 .	June 1	July . 1	Aug. So. 1	ept. Oct. 	Nov. Dec. Total 3 1 14
St. Sampson's										
Vale										
Castel		–	1	– .	– .	–	–	. –		1
St. Saviour's	1 .	–	1	– .	1 .	–	–	. –		3
St. Peter-in-the-Woo	od. – .	–	1	– .	– .	–	. –	. –		1
Torteval										
Forest										
St. Martin's	1	–	1	1 .	4 .	2	7	. 1	1 2	20
St. Andrew's	–	1	1				–	. 1	2	5
Total	5	3	5	5 .	20 .	10	. 13	. 3	2 12	6 10 94

## SCARLET FEVER.

One hundred and ninety-nine cases were notified during the year, of which 180 were isolated at the Sanatorium.

As was the case in the latter months of the preceding year the Town Parish was chiefly affected in the first two months, but in March cases were noted in five of the country parishes. From then until the end of the year there continued to be cases in St. Sampson's, the Capelles Schools being chiefly affected.

Closing and disinfecting these schools effected some improvement, and the members of the school staff rendered invaluable aid in the wearisome process of tracing the many concealed cases.

Children were often kept at home when feverish and suffering from sore throat and rash, but sent back to school when the rash had subsided, thus tending to spread the disease among other scholars. Another commonly practised plan was to keep back bedding and clothes from being disinfected.

The French population played an active part in keeping the epidemic alive, as on account of the fear of being sent back to their native country they would not apply to the Constables for the purpose of obtaining the services of the parish doctor.

It would therefore be greatly to the advantage of the community generally if they were able to secure his services in the same way as the native-born pauper is able to do.

# Table VII. SCARLET FEVER CASES FOR 1907.

Parishes. St. Peter-Port	Jan . 22	. Feb	). N	Iarch 19 .	Apri 7	1 Mag	y Jui 2	ne J	uly 1	$rac{\mathrm{Aug.}}{2}$ .	Sep 	t. Oct	Nov	. Dec 2	•	T1.
St. Sampson's																
Vale				3.	1	6	7			<b>-</b> .	. 2	5	5	2		31
Castel				1.	1											2
St. Saviour's			•					•					1			1
St. Peter-in-the-Wood																
Torteval																
Forest																
St. Martin's																
St. Andrew's	. 3	3		4.				• • • •		1.	. ,-			5	••	16
Total	. 28 .	15	•••	34	29	16	18	3	3	5 .	8	18	12	213	1	.99

## ENTERIC FEVER.

Ten cases of this disease were notified during the year, two of which were imported directly from France. The cases were fairly evenly distributed during the year, the usual autumn incidence not being observed.

Two cases were removed from the Town Hospital, a male and a female inmate being attacked, one in March and one in August; both contracted their sickness during their day out, but the most careful enquiry failed to trace the cause of their illness.

Two cases were certainly due to having eaten infected molluses both from the same source. In another case the drainage of the house concerned was in a most defective condition.

Two isolated cases occurred in the country parishes and one in Cornet Street, but there was no clue to their causation.

The danger of infection from cheap fried fish shops is now well recognised; in them, small flat fish fried in oil are often cooked imperfectly, and the heat they are subjected to is not sufficient to destroy the Typhoid Bacillus. As each such fish would be a portion for a person only, the origin of sporadic cases may sometimes be traced to these shops.

# Table VIII.

# ENTERIC FEVER FOR 1907.

Parishes. St. Peter-Port	Jar . –	ı. ]	Feb -		far. 1		pril 1		Iay -	Jι 	ine 1	J1	uly -		ug 2	. s	ept. 1	O	et. 	No . 1	v.	Dec	•••	T1.
St. Sampson's			-		- ,		-		-		-		-				_			-		-	•••	0
Vale			-	•••			1		-		-		-		_						• • •	_	•••	1
Castel	-		-			•••			-	• • •	1		-		-	• • •						-		1
St. Saviour's			-						-	• • •	-		-	•••	-			••				-		0
St. Peter-in-the-Wood																								
Torteval																								
Forest	-		-	•••	-	•••	-		-	•••	-	• • •	-		-	•••		•	٠.,			-		0
St. Martin's																								
St. Andrew's	-	•••	1	•••	-		-	• • •	-	• • •	-	•••	-	•••	-	•••		•	•		•••	-	• • •	1
	0	•••	1		1		2	•••	0	•••	2	• • •	0		2	• • •	1 .	(	)	. 1		0		10

## MEDICAL INSPECTION OF SCHOOLS.

The necessity for examining children attending schools during epidemic periods has been further emphasised during the year, but fortunately arrangements for such examination have now been made. In England, Section 13 of the Education Act of 1907 which came in force at the beginning of 1908 has added to the responsibilities of the Public Health Department, the duty of providing a complete and thorough medical examination of all children attending public elementary schools, such examination to take place as soon as possible after admission to the school and on such other occasions as the Board of Education may direct.

The beneficial results of this Act will be shewn in the future by a physical and mental improvement of the coming generations, so great, that I believe only medical men are in a position to grasp how far-reaching will be its effects in combating the increasing degeneration of the poorer classes which modern methods of life have undoubtedly caused.

It will be only a matter of time before Guernsey adopts this measure also, and the necessity for it should be kept constantly before the public until such a law be made.

It may not be out of place here to call attention to a matter which affects the health of children attending schools other than the primary ones, namely, the abuse of bicycles. There can be no objection to the use of bicycles in moderation, by strong and healthy children, but moderation must be insisted upon.

In the case of children living at a distance from these schools who daily use a bicycle, in the summer months there is not much strain, but in the winter months it is otherwise. Children do not get up so early, less time is given to their breakfast, and whatever the conditions of the weather the usual time for the journey to school is not lengthened, but if anything rendered shorter.

The child with the dread of being late for school has to face perhaps a head wind and driving rain, and arrives at its destination after a strenuous ride exhausted and breathless.

A constant repetition of such conditions causes an insidious and dangerous dilatation of the heart, and if the hearts of all these children were examined, I think a considerable percentage, particularly amongst girls, would be found to be thus affected.

# TUBERCULOSIS.

Sixty deaths were recorded in the year as due to Tuberculosis, 47 of which being due to Pulmonary Phthisis.

This is practically one death in every ten registered, equal to a death rate of 1.36 per 1,000 from Tuberculosis, and lower than the preceding 6 years' average, which is 1.76.

But little progress has been made in the disinfection of houses for this disease in spite of the efforts of the Board to carry out this work, only 17 rooms having been thus treated during the year.

The publication of the second interim report of the Royal Commission upon Tuberculosis in 1907 has only confirmed previous knowledge and brought no few facts to light.

Although there are slight differences between human and bovine tubercle bacilli, these are relatively unimportant, and the broad facts remain that human beings develop Tuberculosis from bovine bacilli, and cattle from human bacilli.

We must now consider a question of more than ordinary interest to our community, the relation of Tuberculosis to Guernsey cattle.

The Guernsey cow is well known, not only for the abundance and rich quality of its milk, but for its freedom from Tuberculosis. It has always been kept pure in breed, no intermixture with any other strain having been allowed.

No animal which had left the Island was ever allowed to return unless conveyed at once to the States Abattoir and there slaughtered, the only exception to this rule being in the case of cattle sent away for exhibition purposes. It is difficult to imagine the reasons which led to this exception being allowed, but the recent Ordinance is a wise reversion to former practice and entirely forbids it.

The chief export trade of Guernsey cattle has been to the United States and Canada where the breed was highly esteemed, and the Veterinary experts of these countries after testing large numbers of them with a negative result, came to the conclusion that they were immune from Tuberculosis, and so allowed them to be shipped without being tested. This was the position until the autumn of 1906, when like a bolt from the blue came the news that some animals which had been shipped to the United States had been found to be Tuberculous shortly after being landed there.

The United States Inspector then stated that he had received instructions from his Government to test all animals before shipment, and added that in his opinion the disease had been introduced into the Island by means of cattle sent to English shows, afterwards returning to Guernsey.

Enquiries shewed that although other animals of the suspected herd had been affected with Tuberculosis no other herd in the Island had been effected.

The Royal Court promptly passed a drastic Ordinance dealing with Bovine Tuberculosis and forbade the importation of cattle which had been sent away for exhibition purposes.

In spite of the wholesale testing of cattle by the United States and Canadian Governments' Inspectors since this date, no animal has been found to re-act to the Tuberculin test.

A comparison with the results of similar testing amongst cattle in England is most significant. During the hearing of a recent case in the English Law Courts, Professor MacFadyen stated that there was abundant evidence to prove that in England not less than  $20^{\circ}/_{\circ}$  of the adult cattle were affected with Tuberculosis to some extent, and Mr. Wm. Owen Williams, F.R.C.V.S., Veterinary Surgeon to H.M. the King, stated that he knew that 36 out of 40 cows belonging to the late Queen Victoria were Tuberculous. No animal out of the last 1,000 cattle bred and reared in Guernsey which has been killed in the States Abattoir

has been condemned on account of Tuberculosis, and every carcase has been examined by the States Veterinary Inspector, Major G. D. Whitfield. These statements show how remarkable is the immunity from Tuberculosis of Guernsey cattle, and even if they had no other good qualities to recommend them, the breed should be even more highly prized than it is at present.

The cattle breeders of Guernsey should not hide their light under a bushel but should make every endeavour to give these facts the utmost publicity.

I may say that Major Whitfield has had this statement submitted to him, and he entirely agrees with and approves of it.

## DISINFECTION.

The following are the details of the work undertaken by the Sanitary Staff during the year. In spite of the large number of articles dealt with the States have only had to pay the small sum of £1 1s. 6d. as compensation for articles damaged or lost during disinfection, which proves how carefully and well the work is carried out by the States' employees, even in times of the greatest pressure.

# Table IX. DISINFECTING FOR 1907.

Blankets, Counterpanes and Sheets	1,736
Bolsters and Pillows	786
Floor Coverings	240
Feather Beds	95
Mattresses	452
Sundry Articles	5,832
Notifiable Rooms	307
Non-notifiable Rooms	17
Wards and Rooms at the Sanatorium	18
Houses visited and revisited	465
The Boys, Girls, and Infant Schools of the Vale and Les Ca	pelles.
Cabin on board the St. Joseph, of Granville.	

The length of this report prevents my touching upon several matters I should wish to deal with, but one other question must be here considered.

At present if any house drainage or sanitary work be undertaken, there is no system of inspection by a competent authority and the work either passed as satisfactory or condemned as unsatisfactory, although the proposed Building Laws will, I hope, fully meet the difficulty.

The Bailiff has often deplored the existence of the small employer here who is only fitted to be a workman under skilled supervision, and this man is a veritable curse to the community, when he undertakes the work of a plumber or master builder. Instead of carefully planned and well executed work with good materials, and I may add fair charges, such as the competent contractor can and is willing to tender for, the ignorant and incompetent man secure, in the knowledge that his indifferent work can be covered up and hidden from view, underbids the capable and honest contractor.

Both he and the public should be protected from such frauds and a guarantee supplied that all work of this description should be efficient in every respect.

HY. DRAPER BISHOP,

Medical Officer of Health.









